




PTO/SB/22 (12-04)

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|---|--|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |  | <b>Docket Number (Optional)</b><br>AXO-003C1   |                         |
| <b>Application Number</b> 10/812,776 – Conf.#4996   |  | <b>Filed</b> March 29, 2004  |                         |
| <b>For</b> MATERIALS AND METHODS FOR NERVE GRAFTING, SELECTION OF NERVE GRAFTS, AND <i>IN VITRO</i> NERVE TISSUE CULTURE  |  |  |                         |
| <b>Art Unit</b> 1651  |  | <b>Examiner</b> V. Afremova  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |  |  |                         |
|   |  | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))  | \$120  | \$60                    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450  | \$225                   |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))   | \$1020   | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590   | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160   | \$1080                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.   |  |                         |
| <input checked="" type="checkbox"/>   | A check including the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.   |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.  |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1700 |  |                         |
| I am the  | <input type="checkbox"/>   | applicant/inventor.  |                         |
|   | <input type="checkbox"/>   | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>  | attorney or agent of record. Registration Number 45,508  |                         |
|   | <input type="checkbox"/>   | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34                                      |                         |
|   |  <b>Reg. No. 45,508</b>                               |  | July 25, 2006           |
|   | Signature  |  | Date                    |
|   | Daniel A. Wilson   |  | (617) 570-1809          |
|   | Typed or printed name  |  | Telephone Number        |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |  |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.  |  |                         |

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